

County: St. Croix
 AMERICAN HERITAGE CARE CENTER
 425 DAVIS STREET

Facility ID: 1050

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HAMMOND 54015 Phone:(715) 796-2218
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/05): 55
 Total Licensed Bed Capacity (12/31/05): 55
 Number of Residents on 12/31/05: 50

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 51

Corporation
 Skilled
 No
 Yes
 Yes
 51

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)	
Primary Diagnosis	%	Age Groups	%		%
Developmental Disabilities	0.0	Under 65	6.0	Less Than 1 Year	46.0
Mental Illness (Org./Psy)	26.0	65 - 74	24.0	1 - 4 Years	38.0
Mental Illness (Other)	2.0	75 - 84	26.0	More Than 4 Years	16.0
Alcohol & Other Drug Abuse	0.0	85 - 94	36.0		100.0
Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.0		
Cancer	0.0			Full-Time Equivalent	
Fractures	2.0		100.0	Nursing Staff per 100 Residents	
Cardiovascular	18.0	65 & Over	94.0	(12/31/05)	
Cerebrovascular	4.0				
Diabetes	4.0	Gender	%	RNs	7.2
Respiratory	6.0			LPNs	15.4
Other Medical Conditions	38.0	Male	34.0	Nursing Assistants,	
	----	Female	66.0	Aides, & Orderlies	42.1
	100.0		100.0		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	3.8	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.0
Skilled Care	6	100.0	304	20	76.9	121	1	100.0	124	16	100.0	164	0	0.0	0	1	100.0	490	44	88.0
Intermediate	---	---	---	5	19.2	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	10.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		26	100.0		1	100.0		16	100.0		0	0.0		1	100.0		50	100.0

	This Facility %	Ownership: Proprietary Peer Group % Ratio	Bed Size: 50-99 Peer Group % Ratio	Licensure: Skilled Peer Group % Ratio	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.7	85.8 1.08	86.3 1.07	88.8 1.04	88.1 1.05
Current Residents from In-County	82.0	81.3 1.01	80.0 1.03	83.2 0.99	77.6 1.06
Admissions from In-County, Still Residing	19.3	16.8 1.15	18.8 1.03	18.7 1.03	18.1 1.07
Admissions/Average Daily Census	172.5	216.2 0.80	180.5 0.96	177.7 0.97	162.3 1.06
Discharges/Average Daily Census	178.4	217.8 0.82	178.7 1.00	179.2 1.00	165.1 1.08
Discharges To Private Residence/Average Daily Census	92.2	100.9 0.91	87.1 1.06	83.4 1.10	74.8 1.23
Residents Receiving Skilled Care	90.0	97.2 0.93	96.4 0.93	96.3 0.93	92.1 0.98
Residents Aged 65 and Older	94.0	91.5 1.03	93.5 1.00	91.3 1.03	88.4 1.06
Title 19 (Medicaid) Funded Residents	52.0	61.7 0.84	59.0 0.88	61.8 0.84	65.3 0.80
Private Pay Funded Residents	32.0	19.4 1.65	24.5 1.30	22.5 1.42	20.2 1.59
Developmentally Disabled Residents	0.0	0.9 0.00	0.8 0.00	1.1 0.00	5.0 0.00
Mentally Ill Residents	28.0	28.9 0.97	31.6 0.89	34.8 0.80	32.9 0.85
General Medical Service Residents	38.0	23.7 1.60	26.1 1.46	23.0 1.65	22.8 1.67
Impaired ADL (Mean)	41.2	47.9 0.86	47.8 0.86	48.4 0.85	49.2 0.84
Psychological Problems	80.0	59.1 1.35	57.6 1.39	59.5 1.34	58.5 1.37
Nursing Care Required (Mean)	7.5	7.1 1.06	7.0 1.07	7.2 1.04	7.4 1.01